

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MW		05-17-01
O.I.P.E. CLASSIFIER		8	6-4-01
FORMALITY REVIEW	SI	1021	10-3-14-01
RESPONSE FORMALITY REVIEW			

Best Available Copy

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date
Final	1009
Original	2117
1	1004
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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